Medical Preparedness

CSEPP MEDICAL UPDATE

July 24, 2001

Medical Preparedness

Overview

- Review of 2000 Conference Medical Outcomes
- Activities Since the Conference
- Training Support Procedures
- Programming and Budget Procedures

2000 Medical Conference Outcomes

Adopted Nine "Best Practices"

- Decontamination: 3
- Triage: 2
- Toxicological Treatment: 2
- Administrative Support and Stakeholders: 2

Open Items

- Explore Possibility of Medical IPT
- Explore Possibility of Pediatric Auto-Injectors
- Explore Possibility of Two Medical Meetings Each Year

- Survey To Determine Need for IPT or Work Groups
 - Started September 2000 Completed January 2001
 - Established Six Quality Improvement Teams (MQIT)
 - Communications
 - Threat Assessment
 - Protection and Equipment
 - Training and Exercise
 - Standardization
 - Performance Measures
- Team Member Recruiting Effort Still in Progress
- Team Organization and Meetings in Progress

• Survey To Determine Topics for National Conference

- Goal: Topics To Evolve From Medical Community
 Input
 - Started March 2001 Completed May 2001
- Topics, Presenters, and Agenda Combined Effort of Input From Medical Community and Medical Planning Group

- Developed Medical Page on CSEPP Planners Web Site
 - Address: http://csepp-planners.net
- Contains Links to Medical Resource Sites, CSEPP Documents, Reports, Chat Room and Bulletin Board
 - Includes List of MQIT Members and Team Minutes
- Communications MQIT Is Focal Point for Medical Page Development and Maintenance
- Site Location Supports Integration of CSEPP Planning and Medical Components

Noble Training Center Activities

Portions of Planned "Hospital Provider Course" for a Five
 Person Team Combined with EMT Curriculum Into:

"Integrated Health and Medical WMD Course"

- Five Days (including travel) Starts September 10, 2001
- Attendees can include: EMS, Hospital Personnel, Physicians, Hospital Administrators, Nurses et al.
- USPHS pays travel, meals and lodgings. No tuition cost

Contact Patricia Brown By Aug 9 to Register

- 301-443-3115 (Voice), or 301-443-3219 (FAX)

REQUESTS FOR SAIC MEDICAL TRAINING & EXERCISE SUPPORT FY 01 (JAN 01-DEC 01) Current as of July 17, 2001

STATE	TRAINING	EXERCISE
Alabama	February 12 - 16 (3 classes) & <i>Oct 2-5</i>	March 5-8 (7 evaluators)
Arkansas	April 23 - 27 (3 classes)	Feb 12-16 (8 evaluators)
Colorado	March 12 - 15 (3 classes) & August 27-31	Mar 26-30 (8 evaluators)
Illinois	None	Jun 48 - None
Indiana	Sep 17-21	Jun 4-8; (3 observers)
Kentucky	June 11-15 (4 classes)	Oct 22-26 (10 evaluators)
Maryland	CSEPP - None; * (TCTC - 9 Apr & <i>15 Oct</i>)	Apr 16-20 - None
Oregon	January 23-26 (8 classes)	January 27 (4 evaluators); &
		May 7-11 (9 evaluators)
Utah	May 1-4 (9 classes)	10 - 13 September (8 evaluators)
Washington	Jan 29-Feb 1 (10 classes)	7-11 May - (9 evaluators)

NOTES: (1) Based on written requests received from the appropriate FEMA Region IAW Policy Paper #17

- (2) Future activities written in Italics and highlighted in Yellow.
- (3) *Five day Toxic Chemical Training Course (TCTC) at Edgewood is primarily for military people.
- (4) Oregon and Washington Training and January Oregon Exercise was conducted by the same SAIC team.
- (5) Illinois & Indiana plus Oregon & Washington normally conduct their exercises concurrently

CSEPP STATE'S MEDICAL TRAINING ACTIVITIES

CY 01 (Jan 01 - Dec 01)

As of July 17, 2001

State	TRAINING PARTICIPATION						
	Number of Sessions	Total Attendees	Doctors & PAs	Nurses	EMTs Paramedic	Others	
Alabama	3	41	2	35	2	2	
Arkansas	3	87	4	43	21	19	
Colorado	3	102	4	8	40	50	
Illinois	None	0	0	0	0	0	
Indiana	Sep-Dec	0	0	0	0	0	
Kentucky	4	83	4	46	20	13	
Maryland	1*	52	12	14	14	12	
Oregon	8	118	6	15	32	65	
Utah	9	125	6	26	87	6	
Washington	10	165	9	45	44	67	
TOTAL	41	773	47	232	260	234	

NOTES: (1) * Five Day Toxic Chemical Training Course (TCTC) primarily for military people, some CSEPP people attend. IL and MD did not request SAIC training.

(2) "Others" include firefighters, police, other first responders, and administrators.

PARTICIPATION AT SAIC CSEPP MEDICAL TRAINING

As of July 17, 2001

FY/CATEGORY	Total	Doctors /	Nurses	EMTs	Others
	Attendees	PAs			
FY 98	557	59 (11%)	195 (35%)	108 (19%)	195 (35%)
(Oct 97-Sep 98)					
FY 99	868	81 (10%)	200 (23%)	210 (24%)	377 (43%)
(Oct 98-Dec 99)					
CY 00	663	55 (8%)	150 (23%)	192 (29%)	266 (40%)
(Jan 00-Dec 00)					
CY 01	773	47 (6%)	232 (30%)	260 (34%)	234 (30%)
(Jan 01 -Dec 01)		, ,	, ,		
Totals	2861	242 (9%)	777 (27%)	770 (27%)	1072 (37%)

NOTES:

- (1) "Others" include firefighters, police, other first responders, and administrators.
- (2) Contract written to assure support during 3-month period after start of FY (October).
- (3) FY 99 includes data for a 15 month period
- (4) Training course duration is determined by the needs of each state and varies from 2 to 8 hours in length.
- (5) CEU & CME provided and range from 2-8 hours.

Requesting SAIC Support

- States Should Include Specific Requests for Training and Exercise Support in Annual Cooperative Agreement Submission
 - Permits Advance Planning to Help Ensure Support
- Follow Procedures Outlined in CSEPP Policy Paper 17 to Process Requests for Technical Support:
 - State to Region to FEMA to SBCCOM to SAIC
 - Should be Done at Start of FY to Facilitate Use of Resources
- Coordinate with SAIC on Details following Approval

Projecting Budget Requirements

• Projected Budget Requirements Should be Identified Through Advanced Planning

- Identify Requirements 2 Years in Advance of Execution Year to Ensure Inclusion in President's Budget Submission to Congress
- Update Requirements with State CSEPP Budget Person
- States Must Identify Projected Training & Exercise SAIC Support Requirements to FEMA & SBCCOM So they Can Update Their Requirements
- Finalization of FY 02 Budget in Progress NOW

Conclusions

- Progress is Being Made But More Needs to Be Done
- Use of Available Web Sites Can Assist to Improve Communications, Share Information and Identify and Solve Problems
- MQITs Can Be Key to Improving Medical Capability Throughout CSEPP